

NEBRASKA DEPARTMENT OF INSURANCE
LIFE AND HEALTH DIVISION
FILING FORM

NEBRASKA DEPARTMENT OF INSURANCE COMPANY ID NUMBER: _____

NAIC COMPANY ID NUMBER: _____

COMPANY NAME: _____

LINE OF BUSINESS: ☐ LIFE ☐ ANNUITY
☐ HEALTH ☐ VARIABLE ANNUITY
☐ CREDIT ☐ VARIABLE LIFE
☐ OTHER _____

TYPE OF BUSINESS: ☐ INDIVIDUAL ☐ BLANKET
☐ GROUP ☐ WHOLESALE
☐ FRANCHISE ☐ OTHER _____

TYPE OF FORM: ☐ POLICY ☐ ENDORSEMENT
☐ CERTIFICATE ☐ APPLICATION
☐ RIDER ☐ OTHER

REASON FOR FILING: ☐ FORM APPROVAL ☐ INFORMATIONAL FILING
☐ RATE APPROVAL ☐ OTHER _____
☐ RATE FILING

FORM NUMBER SUBMITTED FOR APPROVAL: _____

or

FORM NUMBER AFFECTED BY FILING: _____

FORM NUMBER(S) REPLACED (if any): _____

And

ORIGINAL APPROVAL DATE(S): _____

FLESCH READABILITY SCORE: _____
(if applicable)

FOR DEPARTMENT USE ONLY

DESCRIPTION: _____

ACTION: _____